

AGUIRRE POWER COMPLEX
NPDES PERMIT RENEWAL APPLICATION
PERMIT NO. PR0001660
JUNE 2015

3.0 FORM 1

This section includes EPA's Form 1, related to the general information of the facility.

NOTES FOR FORM 1

STORAGE AND TREATMENT OF HAZARDOUS WASTE

1. The facility is classified as a small quantity generator of hazardous waste. Its generator identification number is PRD980644470. While some storage of hazardous waste occurs, it is temporary stored for less than 270 days.

Waste water which meets the definition of hazardous waste because of their corrosive nature is treated in a *waste treatment unit* that is part of a waste treatment facility subject to regulation under Section 402 of the Clean Water Act.

A *waste treatment unit* subject to regulation under Section 402 of the Clean Water Act is excluded from the requirements applicable to Hazardous Waste Treatment, Storage and Disposal facilities in accordance with 40 CFR 264.1 (G) (6).

The waste water is neutralized, and converted to a nonhazardous waste.

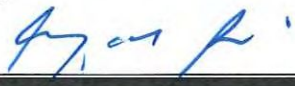
The treatment facility produces a sludge which analysis has confirmed is a non-hazardous characteristic waste and is not a listed waste.

PREPA have a temporary storage area for asbestos before its being disposed. The materials contaminated with asbestos are inside a closed dumpster near the scrapyard. Its permit number is PG-ASB-63-1012-0148RC.

2. The highest management level at PREPA is the Executive Director which is essentially equivalent to a Company President. The second highest management level (essentially equivalent to a Vice President) is Directors, who report directly to the Executive Director. As an Acting Director, Rafael Pérez Jiménez, is considered a *Principal Executive Officer* for generation matters. See 40 CFR 122.22 (a).

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
		40	41	42	
III. NAME OF FACILITY					
c 1 SKIP Aguirre Power Complex					
15 16 - 29 30 69					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
c 2 Pérez Jiménez Rafael, Acting Generation Director					
15 16 45 46 48 49 51 52- 55					
B. PHONE (area code & no.)					
787-521-6422					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
c 3 P.O. Box 364267					
15 16 45					
B. CITY OR TOWN					
c 4 San Juan					
15 16 40 41 42 47 51					
C. STATE					
PR					
D. ZIP CODE					
00936					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
c 5 State Rd No. 3, Intersection 705					
15 16 45					
B. COUNTY NAME					
46 70					
C. CITY OR TOWN					
c 6 Salinas					
15 16 40 41 42 47 51 52 -54					
D. STATE					
PR					
E. ZIP CODE					
00704					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)										
A. FIRST					B. SECOND					
C	7	4	9	1	(specify)	C	7		(specify)	
15	16	-	19	ELECTRICAL SERVICES	15	16	-	19		
C. THIRD					D. FOURTH					
C	7			(specify)	C	7			(specify)	
15	16	-	19		15	16	-	19		
VIII. OPERATOR INFORMATION										
A. NAME								B. Is the name listed in Item VIII-A also the owner?		
C	8	PUERTO RICO ELECTRIC POWER AUTHORITY							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16								55	66
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)								D. PHONE (area code & no.)		
F = FEDERAL		M = PUBLIC (other than federal or state)		S (specify)				A		
S = STATE		O = OTHER (specify)		56				787-521-4884		
P = PRIVATE								15 8 - 18 19 - 21 22 - 26		
E. STREET OR P.O. BOX										
PO BOX 364267										
26								55		
F. CITY OR TOWN						G. STATE	H. ZIP CODE	IX. INDIAN LAND		
C	B	SAN JUAN				PR	00936	Is the facility located on Indian lands?		
15	16					40 41	42 47 - 51	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
X. EXISTING ENVIRONMENTAL PERMITS										
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)					
C	T	I			C	T	I			
9	N		P R 0 0 0 1 6 6 0		9	P				
15	16	17	18	30	15	16	17	18	30	
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)					
C	T	I			C	T	I			
9	U				9			PFE-TV-4911-63-0212-0244 (specify)		
15	16	17	18	30	15	16	17	18	30	
C. RCRA (Hazardous Wastes)					E. OTHER (specify)					
C	T	I			C	T	I			
9	R		P R D 9 8 0 6 4 4 4 7 0		9			(specify)		
15	16	17	18	30	15	16	17	18	30	
XI. MAP										
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.										
XII. NATURE OF BUSINESS (provide a brief description)										
Electric Power Utility which consists of different steam electric generating units, two 460 MW oil-fire steam electric generating units, two 20 MW gas turbine generator power units and two 300 MW combined cycle units.										
XIII. CERTIFICATION (see instructions)										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED		
Rafael Pérez Jiménez, Acting Generation Director								6/25/15		
COMMENTS FOR OFFICIAL USE ONLY										
C										
15	16								55	